	T# N16000008253		L	Apr 09	, 2021
Entity Name	EDWARD W. BOK ACADEMY ATHLETIC B	OOSTER CLU	B, INC.	Secretary 417710	
Current Prin 13901 U.S. 27 LAKE WALES,	ncipal Place of Business: FL 33859			417710	521400
Current Ma	iling Address:				
13901 U.S. Lake wale	27 ES, FL 33859 US				
FEI Number: 81-0692631 Certificate of			of Status Desired: No		
Name and A	Address of Current Registered Agent:				
RICHARDS, KA	ARI				
13901 U.S. 27 LAKE WALES,	FL 33859 US				
LAKE WALES,	FL 33859 US d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both,	in the State of Flo	orida.
LAKE WALES,		istered office or regis	tered agent, or both,	in the State of Flo	orida. 04/09/2021
LAKE WALES,	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both,	in the State of Flo	
LAKE WALES, The above name SIGNATURI	d entity submits this statement for the purpose of changing its reg E: KARI RICHARDS	istered office or regis	tered agent, or both,	in the State of Flo	04/09/2021
LAKE WALES, The above name SIGNATURI	d entity submits this statement for the purpose of changing its reg. E: KARI RICHARDS Electronic Signature of Registered Agent	istered office or regis	tered agent, or both,	in the State of Flo	04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its reg E: KARI RICHARDS Electronic Signature of Registered Agent ctor Detail :				04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its reg. E: KARI RICHARDS Electronic Signature of Registered Agent ctor Detail : T	Title	P		04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its registered E: KARI RICHARDS Electronic Signature of Registered Agent Ctor Detail : T RAMOS, BARBARA	Title Name Address	P BLACKBURN, P	AUL SCOTT	04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its reg. E: KARI RICHARDS Electronic Signature of Registered Agent ctor Detail : T RAMOS, BARBARA 1118 CEPHIA STREET	Title Name Address	P BLACKBURN, P. 690 ARTI LANE	AUL SCOTT	04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its registered E: KARI RICHARDS Electronic Signature of Registered Agent Ctor Detail : T RAMOS, BARBARA 1118 CEPHIA STREET LAKE WALES FL 33883	Title Name Address	P BLACKBURN, P. 690 ARTI LANE	AUL SCOTT	04/09/2021
LAKE WALES, The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its reg. E: KARI RICHARDS Electronic Signature of Registered Agent ctor Detail : T RAMOS, BARBARA 1118 CEPHIA STREET LAKE WALES FL 33883 V	Title Name Address	P BLACKBURN, P. 690 ARTI LANE	AUL SCOTT	04/09/2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA RAMOS

TREASURER

04/09/2021

FILED

Electronic Signature of Signing Officer/Director Detail